

LEAHY MUSIC CAMP 2008

- a division of Leahy Music Inc. -

APPLICATION FORM – PLEASE COMPLETE ONE PER PARTICIPANT

Participant Name:	Age:	Gender: Male Female
Street Address:		
City:	State:	Postal/Zip:
Phone:	Email:	

Please indicate the level of instruction you wish to receive.

FIDDLERS	
What level of instruction would you like?	Beginner 1 -3 yrs _____ Intermediate 3-5 yrs _____ Advanced _____ Master Class _____

PIANISTS	
What level of instruction would you like?	Beginner 1 -3 yrs _____ Intermediate 3-5 yrs _____ Advanced _____

DANCERS	
What level of instruction would you like?	Beginner 1 -3 yrs _____ Intermediate 3-5 yrs _____ Advanced _____

What would you like to learn and/or concentrate on at Camp?

Additional comments:

PARENT/GUARDIAN CHAPERONE INFORMATION – please complete if you are accompanying a camp participant(s) 16 years or under.

Parent/Guardian Name	
Relationship to camp participant	
Address	
Phone Number	
Names of Music Camp participants in your care	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

Additional Parent/Guardian Name	
Relationship to camp participant	
Address (if different from above)	
Phone Number (if different from above)	

Total number in your party:

(camp participants + parents/chaperones)

Please select (in the left column) one of the following options. One form per registration package.

RESIDENT PARTICIPANTS		Reg'n Fee
<input type="checkbox"/>	adult - single	\$ 1,050.00
<input type="checkbox"/>	adult - shared room (2)	\$ 900.00
<input type="checkbox"/>	adult - shared room (3)	\$ 850.00
<input type="checkbox"/>	adult - shared room (4)	\$ 800.00
<input type="checkbox"/>	adult - share room (2) both campers & family	\$ 850.00
<input type="checkbox"/>	participant (1) + parent/guardian (1)	\$ 1,300.00
<input type="checkbox"/>	participant (1) + parent/guardian (2)	\$ 1,600.00
<input type="checkbox"/>	participants (2) + parent/guardian (1)	\$ 1,550.00
<input type="checkbox"/>	participants (2) + parent/guardian (2)	\$ 1,850.00
<input type="checkbox"/>	participants (3) + parent/guardian (1)	\$ 2,000.00
<input type="checkbox"/>	participants (3) + parent/guardian (2)	\$ 2,300.00

Families with more than 5 attendees, please contact office

DAY PARTICIPANTS		Reg'n Fee
<input type="checkbox"/>	adult participant	\$ 450.00
<input type="checkbox"/>	U16 participant + chaperone	\$ 550.00
<input type="checkbox"/>	adult participant (2) - same family	\$ 875.00
<input type="checkbox"/>	U16 participant (2) + chaperone	\$ 975.00

Families with more than 3 participants, please contact office.

If you are sharing a room, please indicate with whom you would like to share (family members will automatically be kept together):

I require shuttle service to-and-from the Toronto Airport for an additional **\$50 Cdn/\$50 US per person each way**. This service is only available July 8 and July 12.

Arriving in Toronto from (city): _____
 Date: ___July 8, 2007_____ Time:_____ Airline/flight #: _____

Departing from Toronto to (city): _____
 Date: ___July 12, 2007_____ Time:_____ Airline/flight #: _____

Please note: all applicable taxes and gratuities have been included in the fees above.

PAYMENT	Camp Fee:	\$ _____	Cdn/US
	Shuttle Service:	\$ _____	Cdn/US
	Total Payment Encl:	\$ _____	Cdn/US
VISA/MC/AmEx # & exp. Date: _____			
Payment can also be made via www.leahymusic.com/store AmEx is only available for Canadian purchases only.			

TERMS AND CONDITIONS & EMERGENCY MEDICAL INFORMATION

*Please have a parent or guardian sign this release form if you are under 18 years of age.
If you are 18 or older, please sign the bottom of this form. **One per participant, please.***

I, _____ (name of Parent/Guardian) give permission for _____ (name of participant) to attend the Leahy Music Camp from the evening of July 8 – 11, 2008. The Leahy Music Camp may include public performances and permission is hereby given for the student to take part in such performances without compensation. The Leahy Music Camp may use photographs, statements, articles, names, music, art, films, and videotapes of/by the students in promoting the Leahy Music Camp in the future.

I understand and accept the measure that the Leahy Music Camp has taken to provide a program of high quality, and I accept that my child will be expected to behave accordingly. A curfew of 11pm will be in effect for all participants under 18 years of age. No visitors are allowed in rooms after 11 pm. Also, no overnight guests are allowed. The Leahy Music Camp reserves the right to expel any student for violations of this policy without refunding any fees paid. If my child participates in behaviour deemed unacceptable by the Leahy Music Camp or Viamede Resort staff, or causes damage to equipment and/or rooms that will require repair and/or an excess clean-up, I am willing to incur the expense of that repair and my child's transportation back home.

The Leahy Music Camp will contact Parent/Guardian in case of serious sickness or accident. In the event that I cannot be reached in such an emergency, I hereby give permission to the physician selected by the Leahy Music Camp staff to hospitalize, secure proper treatment for, and to order injection, anaesthesia or surgery for my child named above. I also hereby give the Leahy Music Camp permission to administer medication deemed necessary by the physician selected. I understand that neither the Leahy Music Camp, Leahy Music Inc., or Viamede Resort assumes any liability for injury and accidents that may happen to my child or his/her belongings during his/her stay at Viamede Resort and/or his/her participation in the Leahy Music Camp.

I understand and agree that as a condition of the participants use of Viamede Resort facilities participation in the Leahy Music Camp, he/she assumes all risk of personal injury, death, or property loss resulting from any cause whatsoever including but not limited to the inherent risks of the program, breach of contract or breach of statutory, duty of care or breach of the Occupier's Liability Act on the part of Viamede Resort, the Leahy Music Camp, Leahy Music Inc., and all their respective subsidiaries, parents, affiliates, associated and related companies, licensees and all the respective directors, officers, shareholders, partners, agents, solicitors and employees. The participant agrees that Viamede Resort, the Leahy Music Camp, Leahy Music Inc and all their respective subsidiaries, parents, affiliates, associated and related companies, licensees and all the respective directors, officers, shareholders, partners, agents, solicitors and employees shall not be liable for any such personal injury, death or property loss and releases Viamede Resort, the Leahy Music Camp, Leahy Music Inc, and all their respective subsidiaries, parents, affiliates, associated and related companies, licensees and all the respective directors, officers, shareholders, partners, agents, solicitors and employees of all claims with respect thereto.

(Signature of Parent/Guardian or participant if over 18 years)

(Date)

Emergency Contacts	Contact Numbers	Relationship to participant
Name:	Home: Work:	
Name:	Home: Work:	
Medical Information	Health Card Number (Cdn participants)	Any medications or medical conditions we should know about?
Name of Participant:		
Name of parent/guardian attending:		